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Fermilab Dental Plan Summary

	CIGNA Dental Core PPO Plan		CIGNA Dental Care HMO Plan
Calendar Year Maximum	\$2,000 includes both in and out of network services		No Dollar Maximum
Calendar Year Deductible (Your cost)	Individual \$50.00	Family \$150.00	None
<u>Procedure</u>	Participant Responsibility In-Network	Participant Responsibility Out-of-Network	Participant Responsibility
Class I Preventive & Diagnostic Care			
Oral Exams (Two per year) Routine Cleanings (Two per year) Cleaning (Prophylaxis) Bitewing X-rays (Frequency Limits Apply)	No Charge	No Charge (up to Reasonable and Customary Allowances)	No Charge
Panoramic X-Rays (One every 3 Years) Sealants (limitations apply)			
Class II Basic Restorative	Subject to deductible Based on contracted fees	Subject to deductible Based on Reasonable and Customary	Based on Fee Schedule
Fillings –Amalgam	20%	20%	No Charge

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Root Canal	20%	20%	Fee varies based on type of Root Canal-Excludes Fina	l restoration)	
			Anterior Root Canal	\$ 10.00	
			Bicuspid Root Canal	\$ 25.00	
			Molar Root Canal	\$230.00	
Class III	ss III Subject to Subject to		Based on Fee Schedule	Based on Fee Schedule	
Major Restorative	deductible	deductible			
	Based on	Based on			
	contracted fees	Reasonable and			
		Customary			
Crowns	50%	50%	Porcelain/Ceramic Substrate	\$ 395.00	
			Porcelain Fused to High Noble Metal	\$ 360.00	
			Full Cast Noble Metal	\$ 335.00	
			Titanium	\$ 360.00	
Dentures	50%	50%	Full Upper Denture	\$425.00	
			Full Lower Denture	\$425.00	
			Upper Partial Denture (Resin Base)	\$315.00	
Bridges	50%	50%	Pontic Porcelain Fused to High Noble Metal	\$360.00	
			Pontic-Porcelain Fused to Noble Metal	\$335.00	
Surgical Implants	50%	50%	Not Covered		
Class IV	Lifetime	Maximum	Maximum benefit of 24 Months		
Orthodontia	\$1,500		Separate Treatment Fee and Charge Per Month		
	Dependent Children to age 19		Dependent Children up to age 19		
			Adults		
Orthodontic Treatment	50%	50%	Varies per service		
Periodic Treatment Visit			Children 24 Month Treatment Fee	\$1,800.00	
			Charge per month for 24 months	\$ 75.00	
			Adult 24 Month Treatment Fee	\$2,400.00	
			Charge Per Month for 24 Months	\$ 100.00	

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